

1132

COPIES OF THIS RECORD ARE RESERVED FOR BUNDLING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>121</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>619</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			St. _____ Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Marion Glen Williams</u>			
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>Aug. 7-1924</u>	7. No., in order of birth <u>5</u>		
8. FATHER		14. MOTHER	
Full name <u>James Alfred Williams</u>		Full maiden name <u>Anna May Gordon</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If nonresident, give place and state <u>Ariz.</u>		If nonresident, give place and state <u>Ariz.</u>	
10. Color or race <u>Cauc.</u>		16. Color or race <u>Cauc.</u>	
11. Age at last birthday <u>32</u> (Years)		17. Age at last birthday <u>30</u> (Years)	
12. Birthplace (city or place) <u>Dayoaca</u>		18. Birthplace (city or place) <u>Pima</u>	
(State or country) <u>Mex.</u>		(State or country) <u>Ariz.</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Mining</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>yes</u>	
(a) Born alive and now living <u>4</u>			
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>8 A.M.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Cyril M. Brown M.D.</u>	
Given name added from _____		(Physician or midwife)	
a supplemental report _____		Address <u>Miami, Ariz.</u>	
Month, day, year. _____		Filed <u>Aug 31</u> 19 <u>24</u>	
Registrar. _____		Local Registrar. <u>P. S. Davis</u>	
		County Registrar. <u>B. G. J. A.</u>	

462-807-175